

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/807678 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3						
4						
5		7				
6	/					
7	/					
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47			/			
48			/			
49			/			
50			/			
TOTAL IND.	3		4			
TOTAL DEP.	4		4			
TOTAL CLAIMS	7		8			

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL CLAIMS						